EM 7/6/984

Employee Benefits Survey Sickness and Accident Coding Manual

U.S. Department of Labor
Bureau of Labor Statistics
Office of Wages and Industrial Relations
Division of Occupational Pay and
Employee Benefit Levels

NEWARK PUBLIC LIBRARY
FEB 20 '86
U. S. GOVT. PUBS.
DEPOSITORY 328

86

L 2.46/3:

BUREAU OF LABOR STATISTICS

OFFICE OF WAGES AND INDUSTRIAL RELATIONS

DIVISION OF OCCUPATIONAL PAY AND EMPLOYEE BENEFIT LEVELS

EMPLOYEE BENEFITS SURVEY

SICKNESS AND ACCIDENT INSURANCE CODING MANUAL

1986

SICKNESS AND ACCIDENT INSURANCE CODING MANUAL

TABLE OF CONTENTS

QUESTION		PAGE
	Coding instructions	4
	PLAN IDENTIFICATION	
000	Plan identification number	5
005	Name of plan	5
010	Date of latest OWIR action	6
020	Related Plans	6
	OFFICIAL IDENTIFICATION	
030	Plan sponsor	7
050	Plan contact	8
	SOURCE OF PLAN PROVISIONS	
060	Origin and effective date of plan provisions	9
070	Later amendments	9
	PLAN CHARACTERISTICS	
080	Employer entity	10
090	Collective bargaining status	11
	PLAN PARTICIPATION REQUIREMENTS	
100	When plan participation begins	12

EMPLOYEE CONTRIBUTION FOR EMPLOYEE BENEFITS

110	Part paid	13
120	Monthly contribution	14
125	Monthly contribution, when rate varies by earnings	15

PLAN PROVISIONS

140	When benefits begin, nonoccupational accident	16
150	When benefits begin, nonoccupational sickness	17
160	When benefits begin, if hospitalized	18
170	Retroactive payments, nonoccupational accident	19
180	Retroactive payments, nonoccupational sickness	20
190	Maximum duration of benefits	21
200	Weekly benefit formula	22
205	Percent of earnings, varies by earnings	23
215	Percent of earnings, varies by service	24
225	Percent of weekly earnings, varies by length of disability	25
230	Percent of earnings, varies by service and length of disability	26
235	Dollar per week, graduated by earnings	27
240	Dollar per week, varies by service	28
245	Dollar per week, varies by length of disability	29
260	Minimum benefit	30
270	Maximum benefit	31

GENERAL CODING INSTRUCTIONS

A. For all questions, code the answer as if the majority of workers are age 43, have 15 years of service, and have annual earnings as follows, based on occupational class: Professional and Administrative only - $40,700; Technical and Clerical only - $18,700; Production only - $16,500; all salaried - $29,800; and all classes - $23,200. Check remarks and describe exceptions on a 3 x 5 card.

B. In rounding use the following set of rules:

1. When the dropped digit is more than five, the preceding digit should be increased by one;

2. When the dropped digit is less than five, the preceding digit should not be changed;

3. When the dropped digit is five, the preceding digit should be increased by one if it is an odd number but should not be changed if it is an even number.

When provisions must be answered in months, years, etc., code answers to the nearest unit. (1 month = 4.345 weeks)

C. If the answer to the question is not listed, check the space by "Other" and describe it on a 3 x 5 cards.

D. Unless otherwise indicated, only one of the possible answers listed under a question (other than "Remarks") should be checked. The instruction "check appropriate spaces" will be given when more than one of the answers may be checked.

E. Always fill in blank spaces in the answer(s) checked.

F. Unless otherwise specified, round percent to nearest whole percent and round dollar amounts to nearest whole dollar.

G. If the answer to a question varies by age, sex, etc., unless otherwise indicated, answer the question by checking the space by the answer applicable to the majority of workers. Also, check the space by "Remarks" and on a 3 x 5 card identify the minority group and the provision applicable to this group.

H. All employee contribution questions relate to the monthly contribution. If the rates being analyzed relate to any other time period (weekly, bi-weekly, quarterly, etc.) convert to month(s), check space by "Remarks" and describe exact provision on a 3 x 5 card. For example, a weekly contribution rate should be multiplied by 4.345 to obtain its monthly equivalent.

I. In questions that apply, do not put in a zero to the left of the decimal when the answer does not require any digits to the left of the decimal. Example: 25¢ would be coded as .25. All digits must be filled in to the right of the decimal, even if they are zeroes.

PLAN IDENTIFICATION

000 / 1-3 EIN : _____ 4-12

PN : _____ 13-15

Benefit Area : 03 (S & A) 16-17

Plan Sequence Number : _____ 18-19

Date Originally Analyzed : Year _____ 20-21 /Month _____ 22-23 /Day _____ 24-25

Analyst's Initials : _____ 26-28

Verifier's Initials : _____ 29-31

Action code: _____ 32

005 / 1-3 BLS Name of Plan : _____ 20-59

_____

Official Name of Plan : _____ 60-129

Action code _____ 130

010 Date of latest review and updating of this plan.
1-3 (Leave blank if this is an original analysis)

Date: Year ____/ Month ____/ Day ____
20-21 22-23 24-25

____ Action code
26

020 Are there related plans? That is, do other plans provide benefits within
1-3 the same benefit area that are additional or supplemental to those provided in this plan?

____ No (SKIP TO QUESTION 030.)
20

____ Yes (provide details below)
21

If there are other filings, identify the plan(s) and describe the type of relationship by inserting one of the following codes in "Type: ____" :

1. Basic and described in a separate coding manual.

2. Supplemental and described in a separate coding manual.

3. Additive and included in this coding manual.

If codes 1 or 2 apply, include Benefit Area code and Plan Sequence Number in order to identify the separate coding manual.

A. EIN: _____ PN: ____ BA: ____ PSN: ____ Type: ____
22 23-31 32-34 35-36 37-38 39

B. EIN: _____ PN: ____ BA: ____ PSN: ____ Type: ____
40 41-49 50-52 53-54 55-56 57

C. EIN: _____ PN: ____ BA: ____ PSN: ____ Type: ____
58 59-67 68-70 71-72 73-74 75

D. EIN: _____ PN: ____ BA: ____ PSN: ____ Type: ____
76 77-85 86-88 89-90 91-92 93

E. EIN: _____ PN: ____ BA: ____ PSN: ____ Type: ____
94 95-103 104-106 107-108 109-110 111

____ Action code
112

OFFICIAL IDENTIFICATION

030 1-3 What is the identity and location of the plan sponsor? (Leave blank if this is an original analysis)

Sponsor's Name: _____ 20-79

____ Action code
80

050 What is the identity and location of the plan contact?
1-3

Contact's Name: _____
20-49

Title: _____
50-89

City: _____
90-109

State: _____
110-111

Telephone Number: Area Code _____ - _____ - _____
112-114 115-117 118-121

___ Action code
122

SOURCE OF PLAN PROVISIONS

060 1-3 What is the source and effective date of latest plan provisions (or latest amendment) analyzed?

___ 20 Booklet from field

___ 21 ERISA file

___ 22 Telephone

___ 23 3111

___ 24 Booklet from telephone contact

___ 25 HMO file

___ 26 Other

Date: Year ____ 27-28 / Month ____ 29-30

Check if date is unknown ____ 31

___ 32 Action code

070 1-3 What is the effective date and content of later amendment (s) contained in the source material?

A. Year ____ 20-21 / Month ____ 22-23 / Provision _____ 24-73

B. Year ____ 74-75 / Month ____ 76-77 / Provision _____ 78-127

___ 128 Action code

PLAN CHARACTERISTICS

080 1-3 What type of employer entity is the sponsor or co-sponsor of this plan?

___ 20 Single employer (includes subsidiary company)

___ 21 Multi-employer (employer contributes to trust fund on behalf of union members)

___ 22 Employer association (small employers banded together, such as New York Automotive Dealers)

___ 23 Government or state-administered (including temporary disability plans)

___ 24 Railroad Retirement Board

___ 25 Other

___ 26 Remarks

___ 27 Not determinable

___ 28 Not applicable

___ 29 Action Code

090 1-3 Indicate whether or not any of the participants are in this plan as the result of a collective bargaining agreement. If the SPD says that the plan covers salaried or non-represented employees and also any bargaining unit which negotiates for coverage, check column 21.

___ 20 Yes, participation for all members.

___ 21 Yes, participation for some members.

___ 22 No, participation does not result from an agreement.

___ 23 Remarks

___ 24 Not determinable

___ 25 Not applicable

___ 26 Action code

PLAN PARTICIPATION REQUIREMENTS

100 1-3 At what age, and after how many months from the start of employment, does the employee begin participation in this plan? Check appropriate spaces. If there are alternative requirements, code first the one applying to the earlier aged employee.

Record the minimum period of service required, including the administrative lag. If participation requirements are in the form of hours, divide the number of hours by 173. to convert to months. Also, check "Remarks" and enter the exact number of hours on a 3 x 5 card. If the only requirement to join the plan is something other than age or service, check no requirements, check remarks and describe on a 3 x 5 card.

___ 20 No requirements (immediate participation)

___ 21 Age: ____ 22-23 Service: ____ 24-26 months

OR

___ 27 Age: ____ 28-29 Service: ____ 30-32 months

___ 33 Closed to new employees; plan covers employees hired before 19 ____ 34-35

___ 36 Other

___ 37 Remarks

___ 38 Not determinable

___ 39 Not applicable

___ 40 Action code

EMPLOYEE CONTRIBUTION FOR EMPLOYEE BENEFITS

110 1-3 What part of the cost of the employee's benefits is paid by the employee?

___ 20 None (no employee contributions - SKIP TO QUESTION 140.)

___ 21 Jointly financed

___ 22 Other

___ 23 Remarks

___ 24 Not determinable

___ 25 Not applicable

___ 26 Action code

120 1-3 **What is the employee's monthly contribution for an individual's benefits? Code dollar amount in cents. Skip to Question 140 unless column 85 is checked.**

___ 20 $ ___.___ 21-25

___ 26 $ ___.___ 27-31 per $ _____ 32-35 of coverage

___ 36 $ ___.___ 37-41 per $ _____ 42-45 of coverage until age ___ 46-47

$ ___.___ 48-52 per $ _____ 53-56 of coverage thereafter

___ 57 ___.___ 58-61 % of monthly earnings (Round to nearest hundredth of a percent.)

___ 62 ___.___ 63-66 % of monthly earning up to $ _____ 67-71 ,

___.___ 72-75 % of excess (Round to nearest hundredth of a percent.)

___ 76 ___.___ 77-80 % of monthly earnings up to Social Security Taxable Earnings Base, ___.___ 81-84 % of excess (Round to nearest hundredth of a percent.)

___ 85 Contribution rate varies by earnings (Complete Question 125.)

___ 86 Composite rate

___ 87 Other

___ 88 Remarks

___ 89 Not determinable

___ 90 Not applicable

___ 91 Action code

125 1-3 **What is the employee's monthly contribution which varies by earnings?**

Type of earnings:

_____ 20 **Hourly**

_____ 21 **Weekly**

_____ 22 **Monthly**

_____ 23 **Annual**

IF EARNINGS ARE:	MONTHLY CONTRIBUTIONS ARE:
under $ ____.____ 24-30	$ ____.____ 31-35
up to $ ____.____ 36-42	$ ____.____ 43-47
up to $ ____.____ 48-54	$ ____.____ 55-59
up to $ ____.____ 60-66	$ ____.____ 67-71

Then, for each additional $ ____.____ 72-78 in earnings,

up to $ ____.____ 79-85 , contributions increase $ ____.____ 86-89

The maximum contribution is $ ____.____ 90-93

___ 94 **Other**

___ 95 **Remarks**

___ 96 **Not determinable**

___ 97 **Not applicable**

___ 98 **Action code**

140 1-3 On which calendar day of disability do benefits for a nonoccupational accident begin? If there is no waiting period, enter "1" in applicable answer.

___ 20 _____ 21-22 day regardless of the existence of a paid sick leave plan.

___ 23 _____ 24-25 day after paid sick leave has terminated.

___ 26 _____ 27-28 day or upon the exhaustion of paid sick leave, whichever comes EARLIER.

___ 29 _____ 30-31 day or upon the exhaustion of paid sick leave, whichever comes LATER.

___ 32 Other

___ 33 Remarks

___ 34 Not determinable

___ 35 Not applicable (nonoccupational accidents not covered)

___ 36 Action code

150 1-3 On which calendar day of disability do benefits for a nonoccupational sickness begin? If there is no waiting period, enter "1" in applicable answer.

___ 20 ____ 21-22 day regardless of the existence of a paid sick leave plan.

___ 23 ____ 24-25 day after paid sick leave has terminated.

___ 26 ____ 27-28 day or upon the exhaustion of paid sick leave, whichever comes EARLIER.

___ 29 ____ 30-31 day or upon the exhaustion of paid sick leave, whichever comes LATER.

___ 32 Other

___ 33 Remarks

___ 34 Not determinable

___ 35 Not applicable (nonoccupational sickness not covered)

___ 36 Action code

160 1-3 Do benefits begin earlier if the employee is hospitalized? If there is no waiting period after hospitalization, enter "1" in applicable answer. If benefits for both accidents and sicknesses begin on the first day, check "Not applicable."

___ 20 No

___ 21 _____ 22-23 day regardless of the existence of a paid sick leave plan.

___ 24 _____ 25-26 day after paid sick leave has terminated.

___ 27 _____ 28-29 day or upon the exhaustion of paid sick leave, whichever comes EARLIER.

___ 30 _____ 31-32 day or upon the exhaustion of paid sick leave, whichever comes LATER.

___ 33 Other

___ 34 Remarks

___ 35 Not determinable

___ 36 Not applicable

___ 37 Action code

170 1-3 Are retroactive payments made, per disability, for all or part of the waiting period after a specified number of days off the job for a nonoccupational accident? If benefits begin on the first day, check "Not applicable."

___ 20 Benefits are not paid retroactively for a nonoccupational accident

___ 21 Yes; after ____ 22-23 days off the job, benefits are paid retroactively from the ____ 24-25 day of the waiting period.

___ 26 Other

___ 27 Remarks

___ 28 Not determinable

___ 29 Not applicable

___ 30 Action code

180 1-3 Are retroactive payments made, per disability, for all or part of the waiting period after a specified number of days off the job for a nonoccupational sickness? If benefits begin on the first day, check "Not applicable."

___ 20 Benefits are not paid retroactively for a nonoccupational sickness.

___ 21 Yes; after ____ 22-23 days off the job, benefits are paid retroactively from the ____ 24-25 day of the waiting period.

___ 26 Other

___ 27 Remarks

___ 28 Not determinable

___ 29 Not applicable

___ 30 Action code

190 1-3 What is the maximum number of weeks per disability that benefits will be paid for a nonoccupational accident or sickness? If service and number of payments is expressed in other than months and weeks, respectively, convert to months and weeks.

___ 20 No maximum

___ 21 ____ 22-24 weeks

___ 25 ____ 26-28 weeks, reduced by the period for which sick leave is received

___ 29 Varies by service:

SERVICE IS:	MAXIMUM DURATION (WEEKS):
under ____ 30-32 months	____ 33-35
at ____ 36-38 months	____ 39-41
at ____ 42-44 months	____ 45-47
at ____ 48-50 months	____ 51-53
at ____ 54-56 months and over	____ 57-59

___ 60 Other

___ 61 Remarks

___ 62 Not determinable

___ 63 Not applicable

___ 64 Action code

200 1-3 **How is the weekly benefit for a nonoccupational accident or sickness determined?**

____ 20 ____ 21-26 Dollars per week (Skip to Question 260).

____ 27 ____ 28-30 Percent of weekly earnings (Skip to Question 260).

____ 31 Percent varies by earnings or job class.

____ 32 Percent varies by length of service (Skip to Question 215).

____ 33 Percent varies by length of disability (Skip to Question 225).

____ 34 Percent varies by both length of service and length of disability (Skip to Question 230).

____ 35 Dollar amount varies by earnings or job class (Skip to Question 235).

____ 36 Dollar amount varies by length of service (Skip to Question 240).

____ 37 Dollar amount varies by length of disability (Skip to Question 245).

____ 38 Other (Skip to Question 260).

____ 39 Remarks

____ 40 Not determinable (Skip to Question 260)

____ 41 Not applicable (Skip to Question 260)

____ 42 Action code

205 1-3 What is the weekly benefit if the benefit is a percent of earnings which varies by earnings or job class? (If the benefit is based upon job class, convert to an earnings schedule and code accordingly.)

Type of earnings (check one):

____ 20 Hourly

____ 21 Weekly

____ 22 Monthly

____ 23 Annual

IF EARNINGS ARE:	THE WEEKLY BENEFIT IS:
under $ __.__ 24-30	____ % 31-33
to $ __.__ 34-40	____ % 41-43
to $ __.__ 44-50	____ % 51-53
to $ __.__ 54-60	____ % 61-63
to $ __.__ 64-70	____ % 71-73

For each additional $ ____.____ 74-80 of earnings accident and sickness payments increase ____ 81-82 % up to earnings of $ ____.____ 83-89

For earnings over $ ____.____ 90-96 the benefit is ____ 97-99 % (Skip to Question 260).

____ 100 Other (Skip to Question 260)

____ 101 Remarks

____ 102 Not determinable (Skip to Question 260)

____ 103 Not applicable (Skip to Question 260)

____ 104 Action code

215 1-3 **What is the weekly benefit if the benefit is a scheduled percent of earnings which varies by service? If service is expressed in other than months, convert to months.**

IF SERVICE IS:	THE WEEKLY BENEFIT IS:
under _____ (20-22) months	_____ (23-25) %
to _____ (26-28)	_____ (29-31) %
to _____ (32-34)	_____ (35-37) %
to _____ (38-40)	_____ (41-43) %
to _____ (44-46)	_____ (47-49) %

For each additional _____ (50-52) months(s) of service, accident and sickness payments increase _____ (53-55) % up to service of _____ (56-58) months.

If service exceeds _____ (59-61) months, the weekly benefit is _____ (62-64) %

(skip to Question 260).

_____ (65) Other (Skip to Question 260)

_____ (66) Remarks

_____ (67) Not determinable (Skip to Question 260)

_____ (68) Not applicable (Skip to Question 260)

_____ (69) Action code

225 1-3 What is the weekly benefit if the benefit is a percent of weekly earnings which varies by length of disability?

_____ (20-22)% for each of the first _____ (23-25) weeks

_____ (26-28)% for each of the next _____ (29-31) weeks

_____ (32-34)% for each of the next _____ (35-37) weeks

_____ (38-40)% for each of the next _____ (41-43) weeks

_____ (44-46)% for the remaining weeks (Skip to Question 260)

_____ (47) Other (Skip to Question 260)

_____ (48) Remarks

_____ (49) Not determinable (Skip to Question 260)

_____ (50) Not applicable (Skip to Question 260)

_____ (51) Action code

230 1-3 What is the weekly benefit if the benefit is a scheduled percent of earnings which varies both by service and length of disability?

Special Instructions:

In A, enter the length-of-service period to the nearest year. In B, enter the percentage of regular weekly salary. In C, enter the number of weeks to which the percentage reported in B applies. In D, enter the second percentage of weekly salary. In E, enter the number of weeks to which the percentage reported in D applies.

A	B	C	D	E
Length of Service	Weekly Benefit Percentage	Number of Weeks at B percentage	Second Weekly Benefit Percentage	Number of Weeks at D percentage
under ____ (20-21) yrs	____ (22-24) %	For ____ (25-26) wks	And ____ (27-28) %	For ____ (29-30) wks
to ____ (31-32) yrs	____ (33-35) %	For ____ (36-37) wks	And ____ (38-39) %	For ____ (40-41) wks
to ____ (42-43) yrs	____ (44-46) %	For ____ (47-48) wks	And ____ (49-50) %	For ____ (51-52) wks
to ____ (53-54) yrs	____ (55-57) %	For ____ (58-59) wks	And ____ (60-61) %	For ____ (62-63) wks
to ____ (64-65) yrs	____ (66-68) %	For ____ (69-70) wks	And ____ (71-72) %	For ____ (73-74) wks

Over ____ (75-76) years, ____ (77-79) % of pay for ____ (80-81) weeks and ____ (82-83) % of pay for ____ (84-85) weeks. (Skip to Question 260)

____ (86) Other (Skip to Question 260)

____ (87) Remarks

____ (88) Not determinable (Skip to Question 260)

____ (89) Not applicable (Skip to Question 260)

____ (90) Action code

235 1-3 **What is the weekly benefit if the benfit is a scheduled dollar amount which varies by earnings or job class? (If by job class, convert to dollars per week.)**

Type of earnings (Check one):

_____ 20 **Hourly**

_____ 21 **Weekly**

_____ 22 **Monthly**

_____ 23 **Annual**

IF EARNINGS ARE:	THE WEEKLY BENEFIT IS:
under $ ___.___ 24-30	$ _____ 31-34
to $ ___.___ 35-41	$ _____ 42-45
to $ ___.___ 46-52	$ _____ 53-56
to $ ___.___ 57-63	$ _____ 64-67
to $ ___.___ 68-74	$ _____ 75-78

For every additional $ ___.___ 79-85 **of earnings, accident and sickness payments increase $** ___.___ 86-89 **up to earnings of $** ___.___ 90-96.

for earnings over $ ___.___ 97-103 **the weekly benefit is $** _____ 104-107 **(Skip to Question 260)**

_____ 108 **Other (Skip to Question 260)**

_____ 109 **Remarks**

_____ 110 **Not determinable (Skip to Question 260)**

_____ 111 **Not applicable (Skip to Question 260)**

_____ 112 **Action code**

240 1-3 What is the weekly benefit if the benefit is a scheduled dollar amount which varies by service? Code service in months.

IF SERVICE IS:	THE WEEKLY BENEFIT IS:
under _____ (20-22) months	$ _____ (23-26)
to _____ (27-29)	$ _____ (30-33)
to _____ (34-36)	$ _____ (37-40)
to _____ (41-43)	$ _____ (44-47)
to _____ (48-50)	$ _____ (51-54)

For each additional _____ (55-57) months of service, accident and sickness payments increase $ _____ (58-61) up to service of _____ (62-64) months.
if service exceeds _____ (65-67) months, the weekly benefit is $ _____ (68-71).

(Skip to Question 260)

_____ (72) Other (Skip to Question 260)

_____ (73) Remarks

_____ (74) Not determinable (Skip to Question 260)

_____ (75) Not applicable (Skip to Question 260)

_____ (76) Action code

245 1-3 What is the weekly benefit if the benefit is a scheduled dollar amount which varies by length of disability?

$ _____ (20-23) for each of the first _____ (24-26) weeks

$ _____ (27-30) for each of the next _____ (31-33) weeks

$ _____ (34-37) for each of the next _____ (38-40) weeks

$ _____ (41-44) for each of the next _____ (45-47) weeks

$ _____ (48-51) for the remaining weeks

_____ (52) Other

_____ (53) Remarks

_____ (54) Not determinable

_____ (55) Not applicable

_____ (56) Action code

260 1-3 **What is the minimum weekly benefit payment?**

___ 20 No minimum payment

___ 21 $ ____ 22-25 per week

___ 26 Dollar amount varying by service:
if less than ____ 27-28 years, $ ____ 29-32; to ____ 33-34 years, $ ____ 35-38;
if length of service is greater, $ ____ 39-42.

___ 43 ____ 44-46 % of earnings.

___ 47 Percent of earnings varying by service: if less than ____ 48-49 years, ____ 50-52 %; if length of service is greater, ____ 53-55 %

___ 56 Other

___ 57 Remarks

___ 58 Not determinable

___ 59 Not applicable

___ 60 Action code

270 What is the maximum weekly benefit payment?
1-3

___ No maximum payment
20

___ $ _____ per week
21 22-25

___ Dollar amount varying by service:
26
if less than _____ years, $ _____; to _____ years, $ _____;
27-28 29-32 33-34 35-38

if length of service is greater, $ _____.
39-42

___ _____ % of earnings.
43 44-46

___ Percent of earnings varying by service: if
47
less than _____ years, _____ %; if length of
48-49 50-52

service is greater, _____ %
53-55

___ Other
56

___ Remarks
57

___ Not determinable
58

___ Not applicable
59

___ Action code
60

★ U.S. GOVERNMENT PRINTING OFFICE: 1988 491-543/46244